

FILED JAN 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3691

BIRTH NO. _____		REG. DIST. NO. 323		PRIMARY REG. DIST. NO. 4474		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>SALINE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EMMA</u>		c. LENGTH OF STAY (In this place) <u>48 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EMMA</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>East section in Saline Co</u>			
3. NAME OF DECEASED (Type or Print) <u>FRIEDA</u>		a. (First)		b. (Middle)		c. (Last) <u>ROTENBURG</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>JUNE 5, 1880</u>	
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPING</u>		11. BIRTHPLACE (State or foreign country) <u>CONCORDIA, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>HENRY ROTENBURG</u>		13b. MOTHER'S MAIDEN NAME <u>DORATHEA BROCKMAN</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HENRY WEHR</u> ADDRESS <u>CONCORDIA, MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiorenal Breakdown</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>L 40</u>				INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u> <u>2 yrs</u> <u>8-10 yrs</u>	
19a. DATE OF OPERATION <u>1</u>		19b. MAJOR FINDINGS OF OPERATION <u>L 40</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>L</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>L</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>L</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>L</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>L</u>			
22. I hereby certify that I attended the deceased from <u>12-14, 1946</u> , to <u>1-5, 1949</u> , that I last saw the deceased alive on <u>1-5, 1949</u> , and that death occurred at <u>11:20 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. L. G. Gorman M.D.</u>				23b. ADDRESS <u>Concordia Mo.</u>		23c. DATE SIGNED <u>1-6-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>JAN 8, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HOLY CROSS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>EMMA, MO.</u>	
DATE REC'D BY LOCAL REG. <u>1/6/49</u>		REGISTRAR'S SIGNATURE <u>Dolly Andrews</u> 293		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. Jones</u>		ADDRESS <u>Concordia, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 1-19-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Cambridge, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.